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SOUTH DAKOTA BOARD OF HEARING AID DISPENSERS AND AUDIOLOGISTS

135 East Illinois, Suite 214

Spearfish, SD 57783

SPONSOR'S AFFIDAVIT

*Must accompany each application for a Provisional Hearing Aid Dispenser's License.

Applicant's Name: _____
Last First Middle Maiden

Sponsor's Name: _____
Last First

Business Name: _____

Business Physical Address: _____
Street City State Zip

Business Phone #: _____

Sponsor's South Dakota License No.: _____

I do hereby affirm that I am the holder of a valid, unrevoked, unsuspended Hearing Aid Dispenser license or Audiology license issued me under SDCL Chapter 36-24, that I fully understand and accept my responsibilities as Sponsor for above name applicant who will work and train under my personal supervision, and for whose proper technical training and ethical conduct I am to be solely responsible. I further affirm that I have made a thorough personal investigation into the background experience record of said Applicant as to his or her record for honesty and integrity and to the point that it could be proven otherwise, I do hereby swear that the results of said investigation by me were completely satisfactory; also, that I have read the contents of the attached application by above applicant, and that to the best of my knowledge and belief all answers given therein are true and complete. I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Dated: _____ Signed: _____
Sponsor

AFFIDAVIT

State of _____

County of _____ SS

The SPONSOR _____, being duly sworn, declares all statements made in this application are true and correct to the best of his or her knowledge.

Subscribed and sworn to before me this _____ day of _____.

My commission expires _____
Notary Public